

State of Colorado
Department of the Treasury

Mike Coffman
State Treasurer



Benson M. Stein
Deputy Treasurer

TIME DEPOSIT AUTHORIZATION

I, _____, as (title) _____
of the _____ Bank/Savings & Loan, hereby
verify that the following personnel are authorized to submit applications for state time deposit
funds by telephone. Only one of the following designees should apply at any one time.

- | | | |
|----|------|-------|
| 1. | NAME | TITLE |
| 2. | NAME | TITLE |
| 3. | NAME | TITLE |
| 4. | NAME | TITLE |

If the above authorization is removed for any of the above named personnel at any time, the State Treasurer is to be notified immediately in writing. The Treasurer will be relieved of any responsibility if inappropriate applications are submitted by any of the above designees if such change in authorization is not on file prior to any announced application date.

Signed by

Local telephone number

Date: _____

Denver telephone number

Email address

Fax number

Mailing address

City St. Zip